



YOUR TRADE UNION LAW FIRM

COVID-19 Questionnaire

Member details

First name		Surname	
Contact number		Email	

Membership number

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Trade Union details

Union	
Region	
Branch	

Name of employer

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Approximate date of exposure to COVID-19

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Place of exposure to COVID-19

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Date COVID-19 symptoms started

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Has the member been tested for COVID-19

YES	NO
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Positive COVID-19 test date

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PPE provided by employer

YES	NO
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If PPE was provided what PPE was given to the member

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Was the issue of a lack of PPE notified to the employer

YES

NO

Union rep involved (if yes, name of rep)

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Have you raised a grievance (individual or collective)

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Have other employees tested positive for COVID-19

YES

NO

Have any members of your household tested positive for COVID-19

YES

NO

How do you travel to and from work

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Do you have any underlying health conditions you are aware of

YES

NO

Did you receive SSP or full pay while self-isolating

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If you had sick leave did you receive SSP or full pay

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If you were off sick, was any sickness absence counted against other absences

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If you received company sick pay was this in place from day one

YES

NO

Agreement to share information with your Union

YES

NO

Please email completed questionnaires to covid19@unionline.co.uk